

**INFORMATION COLLECTION REQUEST**

DATE

Instructions: Complete this form for each information collection request. In addition, complete an FWS Form 3-2331A (Information Collection Worksheet) for each form or nonform collection requirement. Send the following documents to the Information Collection Clearance Officer, Division of Policy and Directives Management: (1) Completed FWS Forms 3-2331 and 3-2331A, (2) Supporting Statement A; (3) draft 30-day notice, and (4) an electronic version of any comments not received through the Information Collection Clearance Officer. If the answer to item 8 is Yes, also provide Supporting Statement B.

**1. TITLE****2. OMB CONTROL NO. (if applicable)**

1018-\_\_\_\_\_

**3. ABSTRACT** (Purpose of collection - continue on blank sheet if necessary - limit to 4,000 characters))**4. TYPE**

- ☐ New Collection  
☐ Existing Collection in Use Without OMB Control Number
- ☐ Extension w/o Change  
☐ Revision  
☐ No material or nonsubstantive change

**5. REVIEW**

- ☐ Regular  
☐ Emergency

**6. REQUESTED EXPIRATION DATE**

- ☐ 3 Years  
☐ Other - Specify Date: \_\_\_\_\_

**7. AUTHORIZING STATUTE(S)** (Provide citation & common name)**8. DOES THIS ICR CONTAIN SURVEYS OR EMPLOY STATISTICAL METHODS?**

- ☐ YES ☐ NO

**9. IS THIS COLLECTION ASSOCIATED WITH RULEMAKING?**

- ☐ YES - complete items 10-13 ☐ NO - skip to item 14

**10. RIN NO.****11. STAGE OF RULEMAKING**

- ☐ PROPOSED RULE ☐ FINAL RULE

**12. FR CITATION****13. CITATION DATE****14. ANNUAL COST TO FEDERAL GOVERNMENT****15. 60-DAY NOTICE FR CITATION****16. PUBLICATION DATE****17. PUBLIC COMMENTS RECEIVED?**

- ☐ YES - complete item 19. If more than 3 comments received, continue on blank sheet  
☐ NO - skip to item 19

**18. NO. OF COMMENTS RECEIVED**

19. DATE OF COMMENT	DATE COMMENT RECEIVED	AUTHOR'S FIRST NAME	AUTHOR'S LAST NAME	AUTHOR'S AFFILIATION	SPONSORING ORGANIZATION	*COMMENT TYPE

**20. CITATIONS FOR NEW STATUTORY REQUIREMENTS****21. EXPLANATION OF PROGRAM CHANGES OR ADJUSTMENTS** (Explain any increases/decreases in burden. Continue on blank sheet if necessary -limit 4,000 characters. If further explanation is needed, elaborate in supporting statement.)**22. CONTACT NAME****23. CONTACT TELEPHONE****24. CONTACT EMAIL**

\*Enter Fax, Letter, Email, or Other (specify)

## INSTRUCTIONS FOR COMPLETING THE INFORMATION COLLECTION REQUEST (FWS FORM 3-2331)

**1. Title.** If the ICR already has an OMB Control Number, enter the official title as previously approved by OMB. If this is a new ICR, enter the overall title for the information collection. Title must distinguish this collection from others and enable text searches.

**2. OMB Control Number.** If the information collection has previously received or now has an OMB Control Number, enter the number. If this is a new request, leave blank.

**3. Abstract.** Brief statement on the need for the information, uses to which it will be put, and description of the respondents. Limit to 4,000 characters.

**4. Type** (select one).

- **New Collection.** Collection has not been used previously or previously sponsored by the Service.
- **Existing Collection in Use Without OMB Control Number.** Collection is currently in use, but does not have a valid OMB Control Number.
- **Extension without Change.** Collection is currently approved by OMB and you wish to extend the approval past the current expiration date without making any material change in the collection method/form, instructions, frequency of collection, or the use to which the information will be put.
- **Revision.** Collection is currently approved by OMB, and you are making a material change in the collection method/form, instructions, frequency of collection, or use of information.
- **No Material or Nonsubstantive Change.** Select this only when you wish to perform the function of the previous OMB Form 83C (Change Sheet). Contact Information Collection Clearance Officer prior to selecting this option.

**5. Review.**

- **Regular.** Collection will be submitted with a standard 60-day review schedule.
- **Emergency.** Special circumstances exist and supporting documentation is required. Contact Information Collection Clearance Officer prior to selecting this option.

**6. Requested Expiration Date.** Select "3 Years" if you are requesting approval for 3 years. This is the maximum length of time for which OMB can grant approval. Select "Other" if you are requesting approval for less than 3 years and enter the specific date. Please note that 6 months is the maximum approval time for an Emergency request.

**7. Authorizing Statute(s).** Provide the statute citation and common name that covers the program or information collection.

**8. Does this ICR Contain Surveys or Employ Statistical Methods?** Check "Yes" or "No." If you check "yes," you must complete and submit Supporting Statement B.

**9. Is this Collection Associated With Rulemaking?** If "Yes," complete items 10 through 13. If "No," skip to item 14.

**10. RIN.** Enter RIN.

**11. Stage of Rulemaking.** Select "Proposed Rule" if this ICR is being submitted with the proposed rule, or "Final Rule" if the ICR is being submitted with the final rule.

**12. FR Citation.** If proposed rule has been published, enter FR citation.

**13. Citation Date.** If proposed rule has been published, enter publication date.

**14. Annual Cost to Federal Government.** Enter estimated annual cost to Federal Government, if any, for implementing the collection. Note this figure must agree with information in item 14 of Supporting Statement A.

**15. 60-day Notice FR Citation.** Enter FR citation for the 60-day notice.

**16. Publication Date.** Enter the publication date for the 60-day notice.

**17. Public Comments Received?** If "Yes," complete items 18 and 19. If "No," skip to item 20.

**18. No. of Comments Received?** Enter total number of comments received.

**19. Comment Information.** For each comment received, enter:

- **Date of Comment**
- **Date Comment Received**
- **Author's First Name**
- **Author's Last Name**
- **Author's Affiliation** - if comment is from a member of the public, enter self.
- **Sponsoring Organization** - if comment is from a member of the public, enter self.
- **Comment Type** - enter Fax, Letter, E-mail, or Other. For Other, specify the type.

**20. Citations for New Statutory Requirements.** If there is an increase or decrease in burden because of new statutory requirements, enter statute citation and name.

**21. Explanation of Program Changes or Adjustments.** Explain any increases or decreases in burden and whether these changes are because of new requirements (statutes) or because of agency actions (re-estimates, etc.)

**22. Contact Name.** Provide the name of the individual who is best able to answer questions about this ICR, e.g., methods of collection, burden estimates, etc.

**23. Contact Telephone.** Provide telephone number for person listed in item 22.

**24. Contact E-mail.** Provide email address for person listed in item 22.